

HPTN071 (PopART)

3rd 90 Best Practices Meeting
Universal Test and Treat – Achieving Universal Viral Suppression

**Lessons learned from regarding HCT uptake,
linkage to HIV care, adherence, retention, and viral suppression**

Date: Wed, 1 June 2016
Venue: Southern Sun Pretoria, South Africa



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Intervention (HIV combination prevention package)

Blia Yang
Desmond Tutu TB Centre,
Stellenbosch University



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Role of CHiPs 242



Community HIV Care Providers

- Deliver a combination prevention package door-to-door in the community

Combination Prevention Package

- Home-based HIV Testing
- Screen for TB, STI
- Provision of condoms
- Refer for HIV Care, PMTCT, TB Rx, STI Rx, MMC (SACTWU)
- Active Follow Ups to homes and Linkage to Care (work in partnership with the Western Cape Govt Dept of Health, City of Cape Town Health Directorate, ANOVA, Kheth'Impilo)

CHiPs Collecting Data in the Field



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CHiPs EDC (electronic data capture device)



EDC – Software development

- Captures:
 - GPS location
 - Questionnaire
- Wifi connectivity
- Follow ups on HIV & TB are triggered from the server



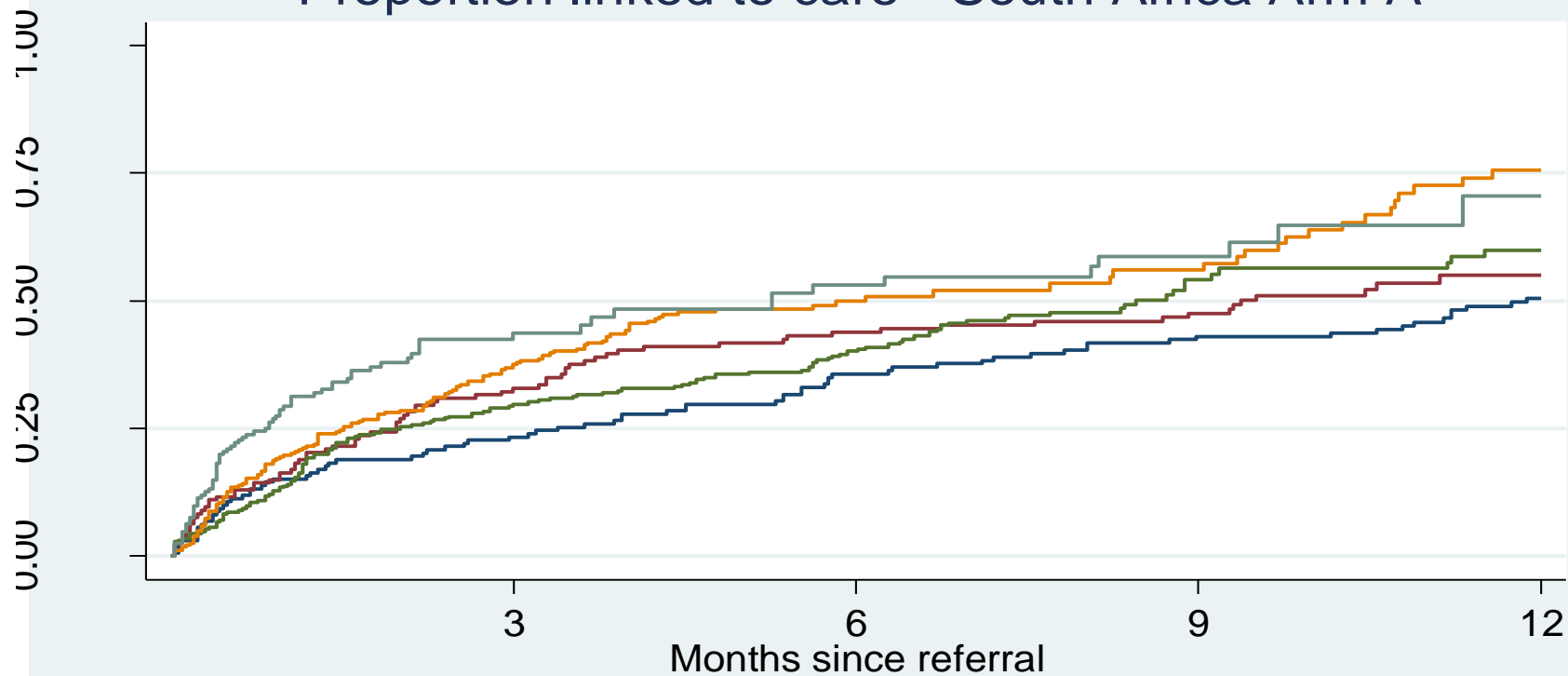
HPTN 071 (PopART) Trial - SA16

Division of zones

- Catchment area = approx. 25,000 individuals
- Each zone approx 300 to 500 households
- All 6 sites (168 zones)
- 242 CHiPs working in 6 sites
- 1 CHiP team per zone (consists of 2 CHiPs)
- Example SA 16: 49 zones,



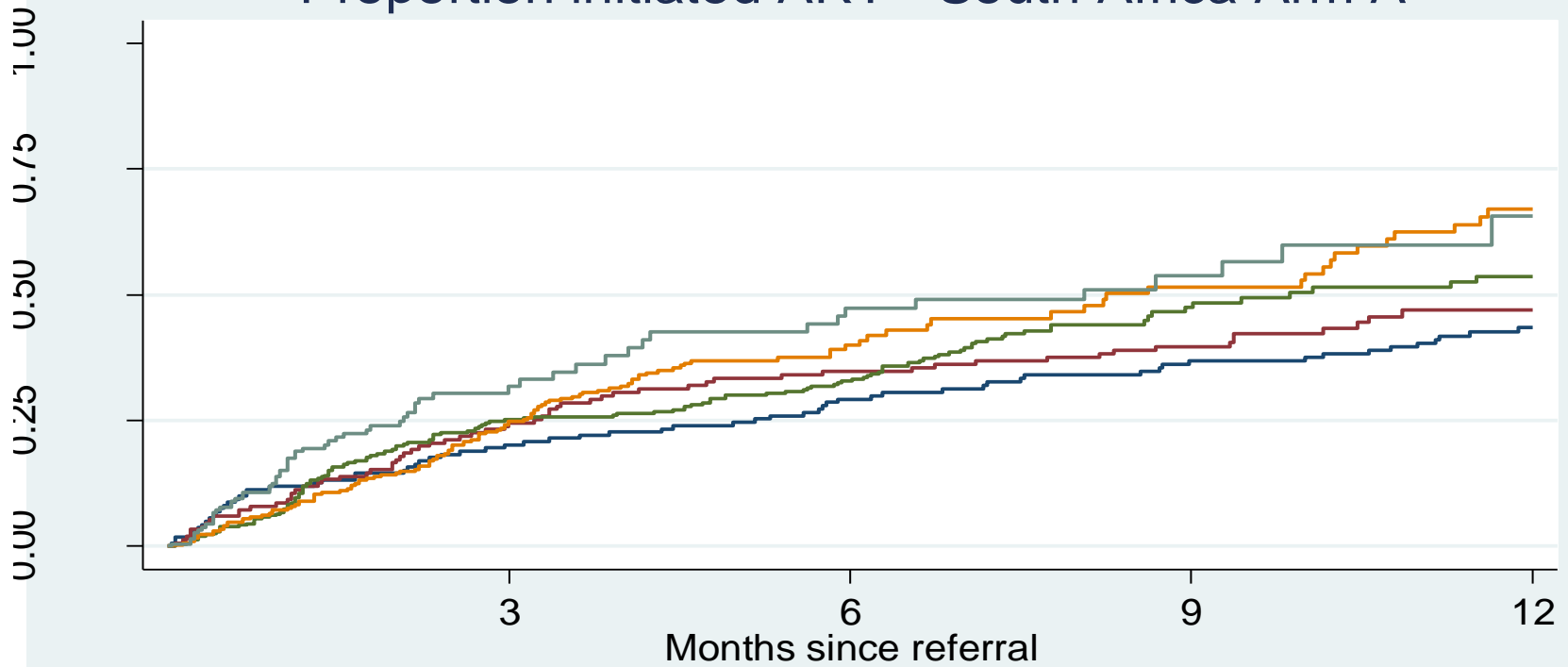
Proportion linked to care - South Africa Arm A



Quarter referred



Proportion initiated ART - South Africa Arm A



Quarter referred



Progress, Challenges, Strategies



Progress

- High uptake of PopART Intervention
- High uptake of home-based HIV Counselling & Testing
- CHiPs & clients good relationship

Challenges

- Working in the field: difficult weather conditions & social economic conditions
- Migration
- Bridging the gap between the community and the clinic for clients
- Quality Control of HIV rapid tests in the field
- Quality Assurance of HIV rapid testing in the field

Strategies

- Psycho-social support is provided for the staff
- Working with health services for better linkage to care
- Provided all staff with cellphones to arrange appointments with clients in the field
- Started Internal Quality Control system & purchased electronic temperature monitoring system
- Enrolled into the CDC HIV Proficiency Testing Scheme



Lessons learned within the PopART clinic intervention

DR KERRY NEL (DTTC/CITY OF CAPE TOWN)



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Lessons learnt

1. Increase HCT in facility (as well as in community)
2. Increase uptake of universal test and treat by closing gaps in facility in LTC including targeting “pre ART” clients
3. Increase the proportion of clients receiving ART in adherence clubs

Background

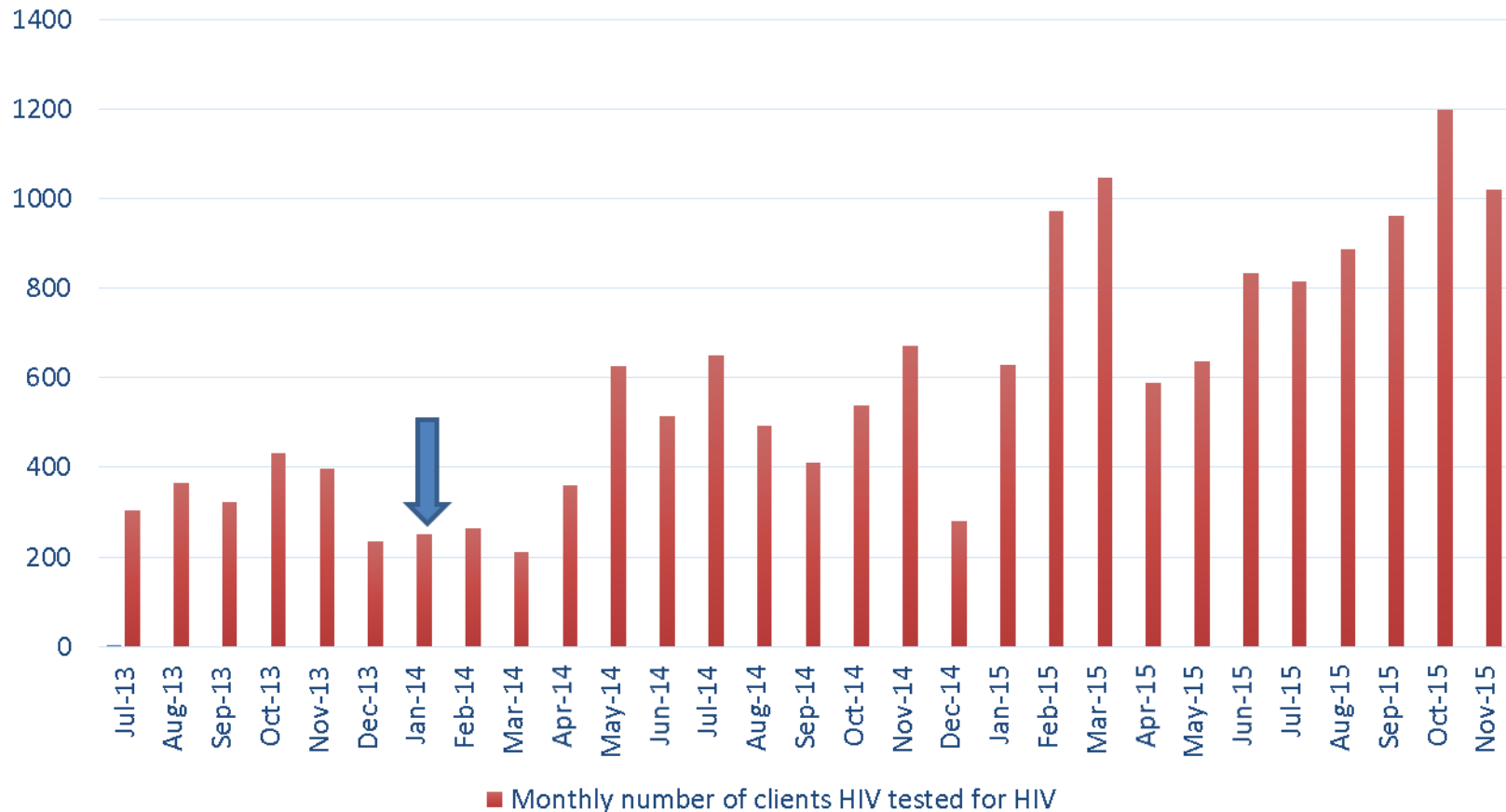
- Universal Test and Treat (UTT) in PopART (HPTN071) Arm A facilities
- 2 in Cape Metro and 1 in Cape Winelands
- Extra staff recruited (e.g. SA 16 clinic: 1 MO, 2 PN, 1 DC, 2 counsellors, 3 CCW)

HCT in facility

- Increased even on a background of high PICT

Number of clients tested for HIV (monthly)

Community 16 (Jul 2013-Nov 2015)

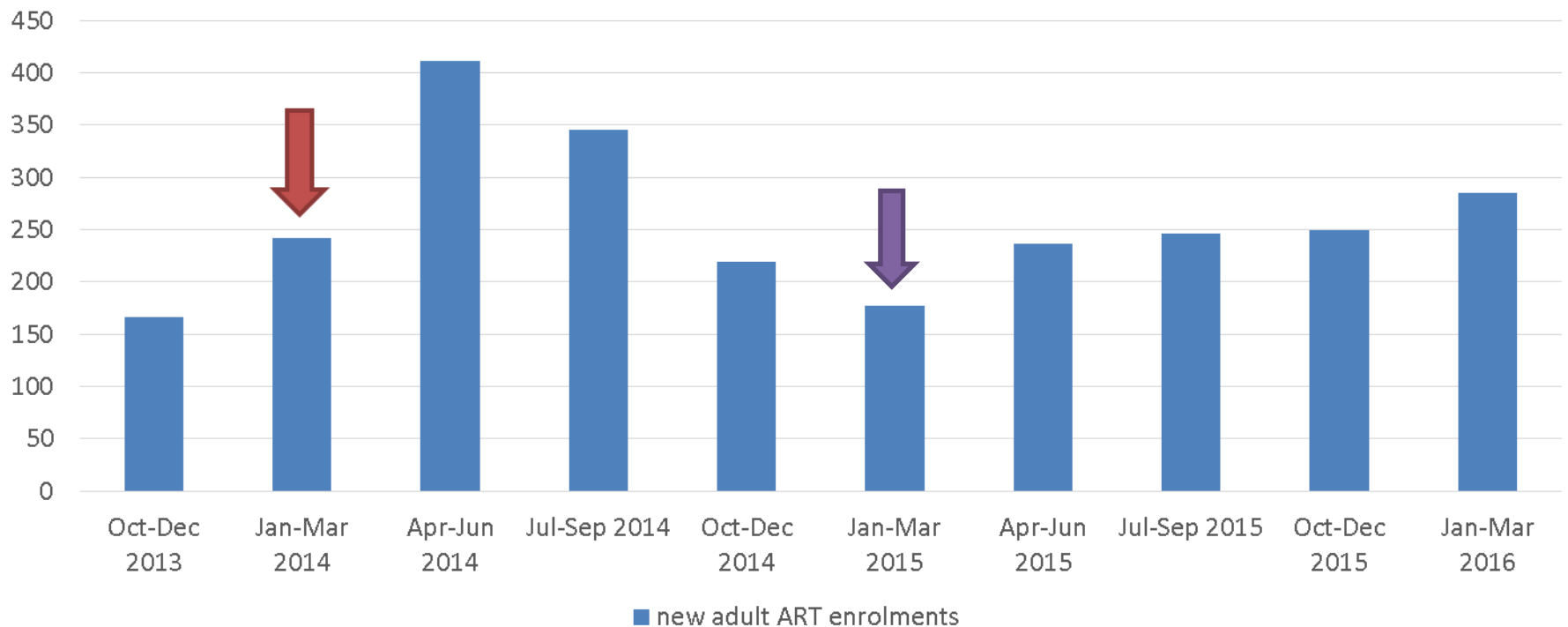




Increase uptake of UTT by targeting Pre-ART “wellness” clients

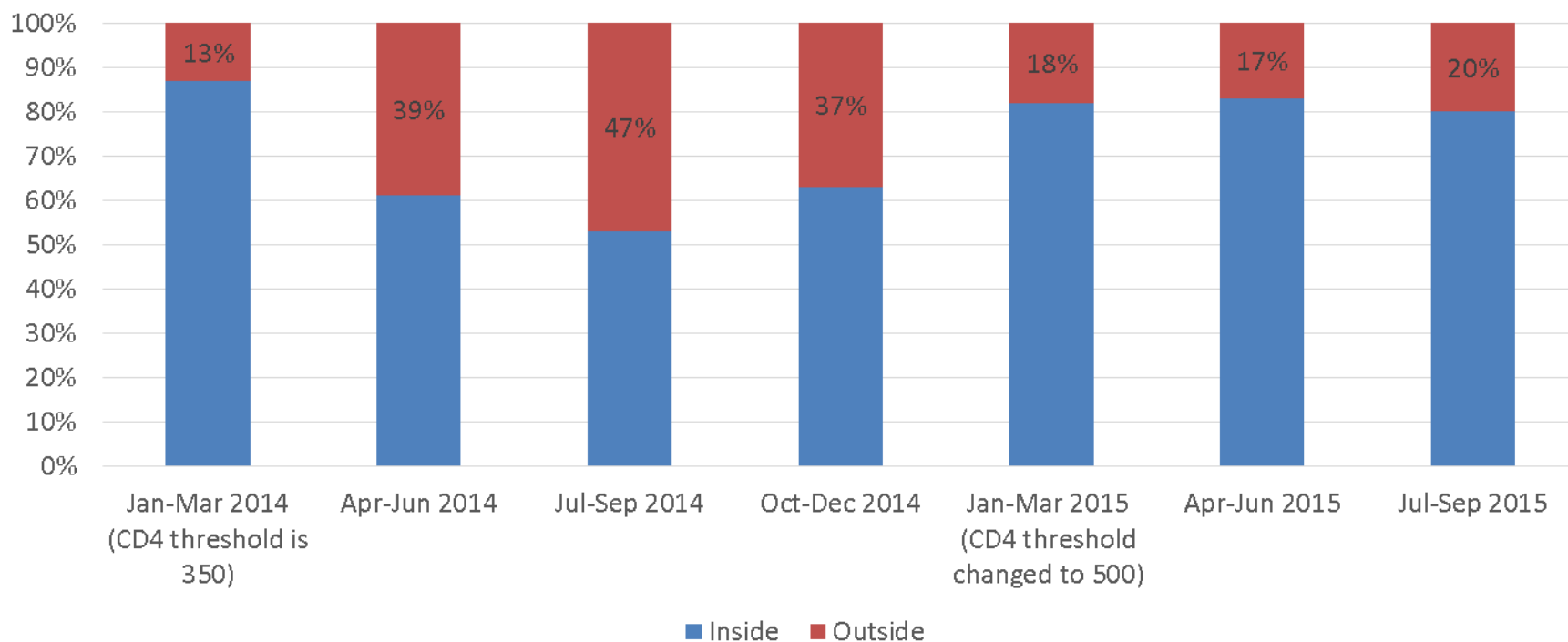
SA 16

New adult ART enrolments Oct 2013- Mar 2016 (Sinjani database)



ART enrolments according to ART eligibility SA 16

Proportion inside/outside guidelines



Increase the proportion of clients receiving ART in adherence clubs

Background

- ART retention in care and viral load suppression superior in ART adherence clubs¹
 - ART clubs systems are already well established
 - Cape Metro club enrolment is 32% of total remaining in care on ART (March 2016)
 - New club model (Cape Town Metro): *clubs as the core of the ART service*
-
- ¹Luque-Fernandez (PLOS One, 2013)

Increase the proportion of clients receiving ART in adherence clubs

- “recruitment drive” for adherence clubs in SA 16 clinic (April 2016)
- Arm A clinic with approx. 5000 patients on ART
- Folder review- all clients attending clinic for ART (i.e. not yet in clubs)
- Aim: determine what proportion receiving care “in-facility” are eligible for club care

Potential for club RIC - March 2016 data	
Total remaining in ART care	4899
Remaining in ART care in clubs	2279
March 2016 % in club care	47%
RIC in facility	2620
23% of in-facility patients eligible for clubs	603
Potential club patients	2882
Potential % in club care	59%

- Source: Dr E. Roberts (Kheth'Impilo), Dr B. Harley (City of Cape Town)

Club recruitment eligibility		
Total screened	376	
Excluded from analysis	124	
- <i>Already in a club</i>	4	
- <i>Temporary folder</i>	120	
Eligibility determined (total)	128	
Eligible	29	23%
Not eligible	99	77%

- Source: Dr E. Roberts (Kheth'Impilo), Dr B. Harley (City of Cape Town)

Patients eligible for club recruitment

Enrolled	19	66%
Buddy Sent	6	21%
Pamphlet provided	4	14%
Total Eligible	29	100%

- Source: Dr E. Roberts (Kheth'Impilo), Dr B. Harley (City of Cape Town)

Patients not eligible for club (SA16 clinic)		
< 6 months on treatment or newly diagnosed	35	35%
Defaulted ART	10	10%
No recent VL	17	17%
Not virologically suppressed	10	10%
on TB treatment	9	9%
Renal impairment	1	1%
Pregnant	4	4%
Less than 18 years old	2	2%
Transfer in	7	7%
Transfer out	2	2%
Migratory patient	1	1%
Old folder	1	1%
Total not eligible	99	100%

- Source: Dr E. Roberts (Kheth'Impilo), Dr B. Harley (City of Cape Town)

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HIV PREVENTION TRIALS NETWORK



Photo credit: ANOVA Health

English - ***Thank you***

IsiXhosa - ***Enkosi***

Afrikaans - ***Dankie***

IsiNdebele - ***Ngiyathokoza***

Sesotho - ***Ke a leboha***

Northern Sotho - ***Ke a leboga***

Setswana - ***Ke a leboga***

SiSwati - ***Siyabonga***

Xitsonga - ***Inkomu***

Tshivenda - ***Ndo livhuwa / Ro livhuwa***

IsiZulu - ***Ngiyabonga***



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The HPTN 071 Study Team, led by:



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London

Dr. Richard Hayes
Dr. Sarah Fidler
Dr. Helen Ayles
Dr. Nulda Beyers

Zambart Project



Every breath counts



Government Agencies:



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STAD KAAPSTAD

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